U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

3. Name and address of person filing.  Name L1cyd Lavin  Lavin  Name L1cyd Lavin  Name L1cyd Lavin  Name L1cyd Labor Organization File Number Office Number	File Number U · 4890  Name and address of person filing.  ame Lloyd Lavin	2. Fiscal Year Covered From:  1
1. File Number U - [4390] 2. Fiscall Year Covered From: 1 1 2005 Through: 12 31 2005 3. Name and address of person filing. Name [Lloyd] [Lavin] 4. Name. Ric number, and address of labor organization. Name [Lloyd] [Lavin] Name [Lloyd] [Lavin] 4. Name. Ric number, and address of labor organization. Name [Lloyd] [Labor Organization File Number [DT67]98] P.O. Box, Bidg., Room No., if any Suite A  Street [1620 NW Gage] City Topeka State [Kansas] Street [L620 NW Gage] City Topeka State [Kansas] Street [L620 NW Gage] City Topeka State [Kansas] Sta	File Number U 4890  Name and address of person filing.  ame Lloyd Lavin	1 / 1 / 2005 Through: 12 / 31 / 2005  4. Name, file number, and address of labor organization.  Name IBEW Local Union #226
1 1 2005 Through: 12 31 2005  3. Name and address of person filing.  Name Lioyd Lavin  Name IBSW Local Union #226  Labor Organization File Humber	Name and address of person filing.  ame Lloyd Lavin	1 / 1 / 2005 Through: 12 / 31 / 2005  4. Name, file number, and address of labor organization.  Name IBEW Local Union #226
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undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	undersigned's knowledge and belief, true, correct, and complete. (See t	The section on bensines in the manacional?)
Signed Hand Laure - On 3/21/06 785-232-1761	All I	0 2/9//2/ 785-222-1761
Signed Officer - On 3/1/06 785-232-1761 Date Telephone Number	STOROGE C MIZE II MEZ 144	- 1/11   1 A. // / F/ /   1/0J:6J6=4/04



Name of Person Filing Lloyd Lavin	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name IBEW Local #226 Health & Welfare Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite A  Street 4101 Southgate Drive  City Topeka  State Kansas ZIP Code + 4 56609	9. Business deals with:
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  1/2005 \$1295 Investment education conference fee 1/2005 \$2261 Flight/room/meals/other exp. for investment education conference in Las Vegas, NV. 11/2005 \$960 Employee benefits conference fee 11/2005 \$3122 Flight/room/meals/other exp. for conf. in Hawaii
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$7,638  12.a. Nature of interest held or income received.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone)  13.a. Name and address of Employer or Labor Relations Consultant	ler parts A and B above) y or other thing of value.  14.a. Nature of payment.
(including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	
Street  City  State  ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.